Montana Application for NASHP State Practice Transformation Learning Community

1. Describe the status of existing efforts to support primary care practice transformation in your state, including any integration with community or public health infrastructure to help support patients and practices.

Commissioner of Securities and Insurance, Monica J. Lindeen, created the Patient-Centered Medical Home Advisory Council (PCMH-AC) September 9, 2011 to make recommendations for a state-wide system of patient-centered medical homes in Montana. The Council was asked to gather information on PCMH projects across the country and assess which have the most value to Montana efforts; recommend procedures and policies for launching a project in Montana; and recommend a legal structure, governance model, and funding mechanism for on-going program support. The Advisory Council cannot administer a program or set policy.

Commissioner Lindeen selected members of the PCMH-AC from participants in the Montana Medical Homes Working Group which began in 2009 with a NASHP grant to Montana Medicaid. The Council members—consumers, representatives of medical providers, Community Health Centers (CHCs), the Office of Rural Health (ORH), the designated Health Information Exchange (HIE), the Regional Extension Center (REC), the Area Health Education Center (AHEC) and multiple payers in the public and private sectors—had educated themselves on the concepts, recognition standards and payment alternatives. It had adopted a definition for PCMH in Montana.

Since September 2011, the PCMH-AC has developed a work plan, surveyed primary care providers about PCMH and adopted recommendations for recognition standards, quality metrics to measure practice improvement, and a framework for payment to help direct future PCMH contract amendments between payers and providers. After exploring the possibility of an executive order, the Council concluded that legislation is needed for the state to clearly articulate as a matter of policy, its intent to displace competition and assign on-going state support for the purpose of establishing a collaborative process through PCMH. The Council is initiating a bill draft to address governance and anti-trust issues. The Council is also exploring how the recommended quality metrics can be handled within a statewide technology platform. Following an examination of the survey results, a new subcommittee is developing provider education resources to support PCMH awareness around the state.

In addition, the Quality Improvement Organization (QIO) supports learning and action networks for primary care practices focused on improving population health through care management, using electronic health records, improving care transitions, and incorporating clinical pharmacy services into practice teams. The AHEC leads statewide educational efforts supporting practice transformation and development of best practices for continuous quality improvement. It has developed a statewide strategic plan for improving the healthcare workforce. CHCs in

Montana are leading the way in patient-centered primary care using the Change Concepts of the Safety Net Medical Home Initiative. All CHCs have a goal of PCMH recognition. Most insurers represented on the PCMH-AC, including Medicaid and CHIP, have submitted application to CMS for its Comprehensive Primary Care Initiative. The goal is to align multi-payer payment reform with practice transformation. HealthShare Montana (HSM), Montana's state-designated entity for health information exchange, provides a robust data analytics platform to inform population health management and support care coordination. In collaboration with six major hospital systems across the state, the AHEC, and Montana State University, HSM is currently applying for a CMMI Innovations grant proposing to create a virtual Integrated Healthcare Delivery System with significant health care delivery system transformation and PCMH implications.

2. Briefly describe how your state-level team plans to build on these existing efforts and adopt or adapt North Carolina's model to transform primary care practice to engage in continuous quality improvement.

The state-level team members are all members of the PCMH-AC. Involvement in the State Practice Transformation Learning Community and a deeper understanding of North Carolina's transformation model can guide the PCMH-AC's on-going work plan and augment its impact, while broadly promoting continuous quality improvement across primary care practices. These state-level team members routinely interact with key stakeholders at monthly PCMH-AC meetings already scheduled through 2012. Their experience will become a major focus of Council meetings. The state team will be able to use numerous other venues that engage many of the same stakeholders. Although Montana is a big state geographically, the small town culture allows interpersonal collaboration among key stakeholders. The PCMH-AC plans to develop educational efforts for patient engagement and provider acceptance and can readily incorporate learning from the North Carolina experience.

3. Describe the key public and private state-level stakeholders in your state that the team plans to involve in its practice transformation adoption/adaption efforts.

The 24 member PCMH Advisory Council includes key state-level stakeholders in Montana—primary care providers representing public programs, large community hospitals, independent physicians, and small clinics. It includes State Medicaid, safety net clinics at Community Health Centers, the QIO for Montana, Office of Rural Health, the federally-designated Health Information Exchange, the Montana Hospital Assn, and consumer advocates. It includes representatives of all major domestic insurers and third party administrators, accounting for over half of the direct premiums written in the state. In addition, 70 interested parties—numerous additional providers, Montana Medical Association, consumer advocates, health consultants, representatives of the state health plan and the university plan—receive updates and participate in meetings as they are able. The state-level

team will work through the members PCMH-AC and its interested parties list to support PCMH transformation and policy initiatives to create a coherent state-wide effort. As new efforts are brought forward, the Council will determine how best to align them with existing efforts. Key to continued success will be the maintenance of the current broad representation within the PCMH-AC and regular communication with state and national stakeholders such as NASHP, AHRQ, PCPCC, NACHC, etc.

4. Describe the policy and practice changes you plan to achieve through primary care practice transformation.

The state team will work with the PCMH-AC to develop a PCMH model of care intended for wide adoption throughout the state. Facilitating a multi-payer PCMH pilot program with self-selected provider groups is an immediate goal. The Council is currently drafting legislation for the next legislative session incorporating the Montana PCMH definition and establishing governance and administrative structures with oversight from an appropriate state agency. Stakeholder input and support will be key to its passage.

Primary care practice transformation goals include: 1) Educating and assisting in achievement of NCQA recognition, Montana's designated PCMH standard; 2) Promoting quality improvement through health information systems integration using a uniform, statewide clinical data repository and health information exchange; 3) Incorporating the joint principles of PCMH into practice as identified by the Patient-Centered Primary Care Collaborative; 4) Advancing evidence-based care using standardized clinical decision-support tools; 5) Establishing accountability mechanisms for continuous quality improvement through performance reporting.

Launching payment reform initiatives that incentivize PCMH transformation is an important goal of the Council. Major payer groups across Montana have agreed to provide payment for NCQA recognition, care coordination of patients with chronic illnesses, and for meeting specified quality process/outcomes benchmarks.

5. What challenges do you anticipate in implementing a practice transformation initiative in your state?

Based on a recent provider survey, the PCMH-AC identified several barriers to practice transformation including lack of PCMH knowledge, skepticism about HIT, concern that payment incentive requirements will be out of reach, a shortage of primary care providers, the aging population, and lack of resources for PCMH transformation. Additionally, Montana's vast geography and sparse population creates care access barriers, especially in the more rural areas. Patients must often drive long distances to see a primary care provider. Elderly and patients with chronic and multiple co-morbidities may need to stay hundreds of miles from home. Rural providers, to the extent they exist, feel isolated and are concerned that practice transformation efforts being driven by larger hospital systems with far more resources may not apply to small, independent practice models.

6. Please describe how technical assistance from the Learning Community could help your team overcome any challenges described above and take advantage of new opportunities.

The peer to peer learning will challenge Montana professionals to accomplish goals already set out in the state's PCMH initiative, reevaluate their strategies, and analyze results. New models of care highlighted by the North Carolina experience may help attract primary care providers to rural areas using best practices that are more sustainable and have lower overhead. Technical assistance from experts will help Montana practices learn from successes and mistakes of other states in transforming rural primary care. The Learning Community will help us evaluate our health policy goals and the dynamics of change, make the transition from concept to implementation, and develop the leadership required for transforming primary care practice to achieve continuous quality improvement.

7. Please confirm that at least three core team members will participate in the Spring 2012 kick-off meeting and site visit, and that your team understands it will be responsible for covering the expenses associated with the participation of the third (fourth and fifth, if applicable) team member(s) in the kick-off meeting and site visit.

The state team has made this commitment.

8. One core team member must be a senior state official with decision-making authority over a significant health agency. Another core team member must represent the entity that can provide on-the-ground support to primary care practices for quality improvement and practice transformation. Please describe the responsibilities of these members of your team.

Monica J. Lindeen is the Commissioner of Securities and Insurance (CSI), Montana's State Auditor, a statewide elected official. CSI is a criminal justice agency whose primary mission is to protect Montana's consumers through insurance and securities regulation. The office educates and assists the public on the range of issues in insurance, while ensuring fairness, transparency and access in the insurance industry.

Kristin Juliar is the Director of the MT Area Health Education Center/Office of Rural Health. The AHEC/ORH develops and provides education and technical assistance to primary care practices and healthcare organizations related to practice transformation, quality improvement and workforce development. AHEC/ORH will deliver training on PCMH implementation and practice transformation to health professionals and practice sites. Ms. Juliar chairs the board of HealthShare Montana, the designated state HIE.

Paula Block, RN, BSN is the director of Clinical Practice Transformation at the Montana Primary Care Association. Paula supports the state's 15 Community Health Centers in clinical quality improvement and HRSA expectations which is supporting PCMH recognition for all CHCs. She is currently working with the Safety Net Medical Home Initiative to support Montana's CHCs on PCMH transformation.

F. Douglas Carr, M.D., MMM, currently serves as Medical Director, Education and Systems Initiatives, providing physician leadership for Billings Clinic in CME/GME, telemedicine and process improvement projects that span the organization. (His previous role for 6 years included operations in primary care, medical specialty departments and regional clinic/operations.) He was the physician lead of the project team tasked with the CMS Physician Group Practice Demonstration. He currently chairs the PCMH Advisory Council.

Jonathan Griffin, MD, MHA is a practicing family physician at St. Peter's Medical Group in Helena, MT and Vice Chair of the Montana Medical Home Advisory Council. Previously, Dr. Griffin was a member of the Idaho State Medical Home Collaborative and was intimately involved in a single-payer medical home development and implementation project with five St. Alphonsus Medical Group primary care clinics and Blue Cross of Idaho in Boise. He is currently contracted by HealthShare Montana to serve as physician champion for adoption and implementation of the state HIE.